

## Ag-DISCOVERY APPLICATION

Full Name			
Address			
	City	State	Zip Code
Telephone #			
Birth Date	Age		

Gender:	Male			Female		
T-Shirt Size	S	M	L	XL	XXL	

School	
Grade (Fall 2006)	

Special Food/Dietary Restrictions:

Do you have health problems or disabilities that require special attention? If yes, please describe:

Have you been immunized for German (Rubella) and Red (Rubeola) Measles?

(Please include IMMUNIZATION FORM from your physician or local health department AND proof of health coverage - COPY OF INSURANCE OR MEDICAID CARD)

Name/Phone # of Parent or Guardian:

Name/Phone # of Emergency Contact, if different from above:

ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A 2-PAGE ESSAY WHICH INCLUDES:

- In your opinion, what is Animal Welfare?
- Why is Animal Science/Veterinary Medicine important?
- What you would like to know about Veterinary Medicine and Why?
- Your interest and activities in Animal Science or Veterinary Medicine.
- Your hobbies and plans for the future.

I solemnly swear that the information given above is true to the best of my knowledge.

If selected to participate in the Ag-DISCOVERY program at Florida A&M University, I promise to abide by all rules and regulations and to make proper use of educational advantages offered, and to see that all bills incurred by me are paid promptly. If for any reason, I violate any part of the Student contract, I acknowledge that I can be dismissed from the Ag-DISCOVERY program and sent home immediately.

Applicant's signature: \_\_\_\_\_ Date

Student's full name:

Parent/Legal Guardian Signature: \_\_\_\_\_

Recommended by:

**Principal**  
Counselor

**APPLICATION MUST BE POSTMARKED BY APRIL 15, 2005**